

# Generations Mental Health Center

## 2024 FEE SCHEDULE

Annual Income Thresholds by Sliding Fee Discount Pay Class and % of Poverty						
Family Size	15.00 Fee	Pays 20% of Full Fee	Pays 40% of Full Fee	Pays 60% of Full Fee	Pays 80% of Full Fee	Pays 100% of Full Fee
Poverty Level	100% of FPL	125% of FPL	150% of FPL	175% of FPL	200% of FPL	201% of FPL
1	\$ 15,060.00	\$ 18,825.00	\$ 22,590.00	\$ 26,355.00	\$ 30,120.00	\$ 30,270.60
2	\$ 20,440.00	\$ 25,550.00	\$ 30,660.00	\$ 35,770.00	\$ 40,880.00	\$ 41,084.40
3	\$ 25,820.00	\$ 32,275.00	\$ 38,730.00	\$ 45,185.00	\$ 51,640.00	\$ 51,898.20
4	\$ 31,200.00	\$ 39,000.00	\$ 46,800.00	\$ 54,600.00	\$ 62,400.00	\$ 62,712.00
5	\$ 36,580.00	\$ 45,725.00	\$ 54,870.00	\$ 64,015.00	\$ 73,160.00	\$ 73,525.80
6	\$ 41,960.00	\$ 52,450.00	\$ 62,940.00	\$ 73,430.00	\$ 83,920.00	\$ 84,339.60
7	\$ 47,340.00	\$ 59,175.00	\$ 71,010.00	\$ 82,845.00	\$ 94,680.00	\$ 95,153.40
8	\$ 52,720.00	\$ 65,900.00	\$ 79,080.00	\$ 92,260.00	\$ 105,440.00	\$ 105,967.20
For families/households with incomes greater than 201% of the FPL(Federal Poverty Level), full fees will be charged.						
Full Pay Fee Schedule						
CPT Code	Service Description	Full Fee				
90791	Psychiatric Eval, non-Medical	\$175				
90792	Psychiatric Eval, Medical	\$175				
90832	Psychotherapy (30 Mins)	\$70				
90834	Psychotherapy (45 Mins)	\$95				
90837	Psychotherapy (60 Mins)	\$110				
90846	Family Therapy (w/o Client)	\$115				
90847	Family Therapy (w/ Client)	\$115				
90853	Group Psychotherapy	\$70				
99213 20 Min	E&M Services (Med Mgt)	\$90				
99214 30 Min	E&M Services (Med Mgt)	\$110				
99215 40 Min	E&M Services (Med Mgt)	\$150				
	G9003 Tennessee Health Link	\$185/month				
*Discount does not apply to Tennessee Health Link						
IOP Full Pay Fee Schedule						
CPT Code	Service Description	Full Fee				
H0015	A&D, IOP	20 sessions @ 2000.00 \$100.00 per session.				

If paid in full at first visit, receive 20% discount from full fee

Example 1: If Jane's Family of 2 has an income of less than \$25550.00, she will be charged \$15.

Example 2: If John's Family of 3 has an income of \$51898.20 or more, he will be charged Full Fee

Example 3: If Martha's Family of 4 has an income greater than \$39000.00, but less than \$46800.00 she will be charged 20% of the Full Fee

Note: FPL Guidelines found at: <https://theepch.act.hhs.gov/news/july16/FPG.htm>